Application or Docket Number

662922

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMAL TYPE	L ENTITY	OR	OTHER SMALL	
FO	R	NUMBE	R FILED	NUMBER E	EXTRA	RATE	E FEE]	RATE	FEE
BAS	SIC FEE						345.00	OR		690.00
то	TAL CLAIMS	3	minus 2	20= * 4	* 4		=	OR	X\$18=	252 ^{&}
IND	EPENDENT CLA	AIMS 2	minus 3	3 = *	*		=	OR	X78=	
MUI	LTIPLE DEPENI	DENT CLAIM PF	RESENT			+130=	_	7	+260=	
* If 1	the difference i	in column 1 is l	ess than zer	ro, enter "0" in c	olumn 2			OR		94200
••				·		TOTA	\L	OR	TOTAL OTHER	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						LL ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total ⁻	. 16	Minus	** 34	= /	X\$ 9=	= /	OR	X\$18=	,
ME	Independent	· /	Minus	··· 3	=/	X39=	: (OR	X78=	
	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDENT CLAIM	•	+130:	_	7	+260=	1
						TOT	TAL	OR	TOTAL	
		(Column 4)		(Column C)	(Calum-1- 2)	ADDIT. F		OR	ADDIT. FEE	<u></u>
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 20	Minus	** 34	=	X\$ 9:	= /	OR	X\$18=	
	Independent	* . ENTATION OF MI	Minus	PENDENT CLAIM	= /	X39=	=	OR	X78=	
一	Timoi PHESE	- TATION OF M	JETHICE UE	. LIDLINI CLAIN	· L	+130:	=	OR	+260=	
						TOT ADDIT. F	TAL EE	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**	=	X\$ 9:		OR	X\$18=	
ME	Independent	*	Minus	***	=	X39=	=	OR	X78=	
htack	FIRST PRESE	ENTATION OF M	ULTIPLE DEI	PENDENT CLAIM	1	l		7		
	If the enter the second	ımn 1 io loss 46 · ·	he entre in the	Imp 2 weits 40"	alume a	+130		OR	+260=	<u></u>
٠٠	' If the "Highest Nu '*If the "Highest Nu	umber Previously P umber Previously F	Paid For" IN THI Paid For" IN THI	umn 2, write "0" in co IIS SPACE is less tha IIS SPACE is less that or Independent) is th	an 20, enter "20.' nan 3, enter "3."	ADDIT: 1	EE L	OR	TOTAL ADDIT. FEE	<u> </u>

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 602922

	•	Total F	ec Calcu	datio	G		
	Fee Cade	Total # Climas	Prambe Ecces		_ F	Fac -	_
Gasic Filing Fee	Sm./Lg 201(11)				Sin Entiry	L¢ Entiry	Total
Total Claim; >20	201 (-)1	34	- 14	X		·	<u>670</u>
Independent Claum: >]	202/102	2	 -	X		· ·	· <u>252</u> "
Malt Dep Claim Present	204.104	•		••		· ·	
Surahurga	205/10%						1300
English Translation	1]0					•	
TOTAL FEE CALCULA	<u> 7108</u>						
Fees due upan filing th	d application				·		
Total Filing Fees Due =	s <u>16</u> -	72.co		-			
Less Filing Fees Submit	Red - 5						
BALANCE DUE	= 5 _ #0	72.°°					
Office of Initial Parent Ex	camination						

Ligure 7

FORM OIPE-RAM-01 (Rev. 12/97)